

Commonwealth of Kentucky
 STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

PLACE OF DEATH
 County *Melan*
 Vol. No. *#1* Registration District No. *730* File No. *19066*
 Inc. Town *Ransay* Primary Registration District No. *791* Registered No. *15*
 City (No. St. Ward)
 FULL NAME *Phillip Bates*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

 SEX *Male* COLOR OR RACE *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed*
 (Write the word)

 DATE OF BIRTH *March 18 1845*
 (Month) (Day) (Year)

 AGE *69 yrs. 3 mos. da.* IF LESS than 1 day... hrs. or... min.?
 .. yrs. .. mos. .. da.

 OCCUPATION
 (a) Trade, profession, or particular kind of work. *Farmer*
 (b) General nature of industry, business or establishment in which employed (or employer)

 BIRTHPLACE (State or country) *Muhlenberg Ky*

 NAME OF FATHER *Jesse Bates*

 BIRTHPLACE OF FATHER (State or country) *Va*

 MAIDEN NAME OF MOTHER *Miss Arterberry*

 BIRTHPLACE OF MOTHER (State or country) *Virginia*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

 (Informant) *D. J. Payne*
 (Address) *C. J. Payne*

 SIGNATURE OF REGISTRAR *L. D. ...*
 File No. *July 10, 1914* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

 DATE OF DEATH *July 2, 1914*
 (Month) (Day) (Year)

 I HEREBY CERTIFY, That I attended deceased from 191... to 191... that I last saw him alive on 191... and that death occurred on the date stated above at... m. The CAUSE OF DEATH* was as follows:
Chronic Injurious Disease

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) (Duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D. (Address) ... 191...

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Former or usual residence

 PLACE OF BURIAL OR REMOVAL *New Orleans* DATE OF BURIAL *7-3-1914*

 UNDERTAKER *S. J. Whitman Sacramento* ADDRESS

 WRITE PLAINLY, WITH SPACING HERE-THERE IS A PERMANENT RECORD
 U. S. - Every item of information should be correctly supplied. Ask about it and EXACTLY. PHYSICIANS
 should specify CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.